PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

				or <u>Fax</u> (5							
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notification.	s form should be used r correspondence includi ted below or directed of ations.	for transmitting the Patent, herwise in Bloom	ng the ISS , advance o ock 1, by (UE FEE and PUBLICA orders and notification of a) specifying a new corresponding to the corres	FION FEE maintenancespondence	(if required) e fees will address; and	Blocks be mailed lor (b) in	I through to the cur dicating a	5 should rent correseparate	1 be completed whe espondence address "FEE ADDRESS" 1	
CURRENT CORRESPOND	DENCE ADDRESS (Note: Use B	lock I for any char	nge of address)						·		
				I hereb		hat his co					
51206	7590 07/1:	2/2007		EFS-W	eb with th	ne United	States P	atent and	l Trade	mark Office	
	• • • • • • • • • • • • • • • • • • • •			on the	date indicate	ated belov	٧.				
TWO EMBARO	AND TOWNSEN CADERO CENTER		CREW L		ISEND an	d TOWN	SEND a	nd CREV	W LLP		
8TH FLOOR	100 04 04111 202										
SAN FRANCIS	SCO, CA 94111-383	4		Γ	Sherri	Hale			*****	(Depositor's name	
					≤ 7	11.	#/-	0		(Signature	
				7	Octobo	- 12 ·	<u> 2007</u>	4			
APPLICATION NO. FILING DATE				<u> </u>	r 12, 2007				(Date)		
L	FILING DATE			FIRST NAMED INVENTOR	ATTORNEY DOCKET NO). CO	CONFIRMATION NO.		
10/040,396	12/28/2001			Theresa Sherwood DATA PARTIALLY DIS			021756-0			2075	
APPLN. TYPE	SMALL ENTITY	ENTITY ISSUE FEI		PUBLICATION FEE DUE	PREV. PAID ISSUE		TOTA	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	provisional NO		00	\$300	\$0			\$1700		10/12/2007	
EXAM	ART U	NIT	CLASS-SUBCLASS								
BURGESS, BARBARA N 2157			7	709-203000	_						
1. Change of corresponde CFR 1.363).	ence address or indicatio	n of "Fee Add	ress" (37	2. For printing on the				Town	send	& Townsend	
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.				registered attorney or agent) and the names of up to							
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRIN	TED ON	THE PATENT (print or ty	ne)						
				data will appear on the p \(\text{a substitute for filing an} \)		assignee is	identified	below, the	e docume	ent has been filed fo	
(A) NAME OF ASSIG				(B) RESIDENCE: (CIT)							
Oracle I	nternational (Corporat	ion	Re	dwood :	Shores,	CA				
Please check the appropri	iate assignee category or	categories (wi	ill not be pr	inted on the patent) :	Individual	Corpora	ation or ot	her private	group en	atity Governmen	
4a. The following fee(s)	are submitted:		4b	. Payment of Fee(s); (Ple	se first rea	oolv anv or	eviously r	aid issue f	ee showr	n above)	
Issue Fee				4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed.							
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit at overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this						cy, or credit any	
Change in Entity State	toon (former about 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 -1>		overpayment, to Dept	Sit Account	Number 2	0-143	(enclos	e an extra	a copy of this form).	
	tus (from status indicated s SMALL ENTITY statu		. 1.27.	☐ b. Applicant is no lon	ger claiming	SMALL E	NTITY sta	itus. See 37	CFR 1.2	² 7(σ)(2)	
NOTE: The Issue Fee and		ired) will not	be accepted	from anyone other than t	he applicant	; a registered	attorney	or agent; or	r the assi	gnee or other party ir	
	h muli	A C	Trademark	Office.		Oato	 hor 1'	200	····		
Authorized Signature	Tagan III	ohr			Date			2, 2007			
Typed or printed name	·— '	<u></u>				ation No	48,16				
This collection of information application. Confident submitting the completed his form and/or suggestion.	ation is required by 37 C tiality is governed by 35 I application form to the	FR 1.311. The U.S.C. 122 an USPTO. Time	information of 37 CFR will vary	n is required to obtain or I 1.14. This collection is est depending upon the indiv	etain a bene imated to ta idual case.	fit by the pu ke 12 minut Any comme	blic which es to comp nts on the	is to file (a plete, inclu- amount of	and by th ding gath time you	e USPTO to process) tering, preparing, and a require to complete	

unis form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.